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BIBDATASHEET

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CONFIRMATION NO. 3705

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| SERIAL NUMBER 10735,940 | FILING OR 371(c) DATE 12/15/2003 RULE | CLASS 235 | GROUP ART UNIT 2876 | ATTORNEY DOCKET NO. 37355-304 |
|-----------------------------------|---|---------------------|-------------------------------|---|

APPLICANTS

John H. Kiekhaefer, Bloomingdale, IL;

** CONTINUING DATA **

This application is a CON of 10/339,814 01/10/2003 PAT 6,705,530
which is a CON of 09/675,912 09/29/2000 PAT 6,732,936
which is a CIP of 09/449,251 11/24/1999 PAT 6,296,188
which is a CIP of 09/411,359 10/01/1999 PAT 6,290,137

OK

** FOREIGN APPLICATIONS **

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **
** 03/24/2004

| | | | | |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY IL | SHEETS DRAWING 7 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature: <i>James A. Simon</i> Initials: | | | | |

ADDRESS

1923

TITLE

Transparent/translucent financial transaction card

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|---------------------------------------|---|---|
| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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